

<i>SERFF Tracking Number:</i>	<i>MNLF-125917306</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>John Hancock Life Insurance Company (U.S.A.)</i>		<i>State Tracking Number:</i>
<i>Company Tracking Number:</i>	<i>MNLF-125917306</i>		
<i>TOI:</i>	<i>A02.1G Group Annuities - Deferred Non-</i>	<i>Sub-TOI:</i>	<i>A02.1G.002 Flexible Premium</i>
	<i>Variable and Variable</i>		
<i>Product Name:</i>	<i>Group Annuity Application Form</i>		
<i>Project Name/Number:</i>	<i>2008 Application /GP1600(1108)</i>		

Filing at a Glance

Company: John Hancock Life Insurance Company (U.S.A.)		
Product Name: Group Annuity Application Form SERFF Tr Num: MNLF-125917306 State: ArkansasLH		
TOI: A02.1G Group Annuities - Deferred Non-	SERFF Status: Closed	State Tr Num: 41062
Variable and Variable		
Sub-TOI: A02.1G.002 Flexible Premium	Co Tr Num: MNLF-125917306	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: Cheryl Broughton,	Disposition Date: 12/18/2008
	Vanessa Ruszczyk, Ernest Chan,	
	Alex Cruz	
	Date Submitted: 12/08/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: 2008 Application	Status of Filing in Domicile: Not Filed
Project Number: GP1600(1108)	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments: Exempt
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small
Overall Rate Impact:	Group Market Type: Employer
Filing Status Changed: 12/18/2008	
State Status Changed: 12/18/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
THE CONTRACT IS AN UNALLOCATED NON-PARTICIPATING GROUP ANNUITY CONTRACT SOLD ONLY TO TRUSTEES OF PROFIT SHARING AND PENSION PLANS QUALIFIED UNDER SECTION 401(a) OF THE INTERNAL REVENUE CODE.	

SERFF Tracking Number: MNLf-125917306 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41062

Company Tracking Number: MNLf-125917306

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable

Product Name: Group Annuity Application Form

Project Name/Number: 2008 Application /GP1600(1108)

Company and Contact

Filing Contact Information

Vanessa Ruszczyk, Contract Analyst vanessa_ruszczyk@jhancock.com
200 Bloor St. E. (416) 852-8126 [Phone]
Toronto, ON M4E 1E5 (416) 852-7166[FAX]

Filing Company Information

John Hancock Life Insurance Company CoCode: 65838 State of Domicile: Michigan
(U.S.A.)
200 Bloor Street East Group Code: -99 Company Type: Lead Company
Toronto, ON M4W 1E5 Group Name: State ID Number:
(800) 333-0963 ext. [Phone] FEIN Number: 01-0233346

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per application
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$50.00	12/08/2008	24381568

SERFF Tracking Number: MNLF-125917306 *State:* Arkansas
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TOI: A02.1G Group Annuities - Deferred Non- *Sub-TOI:* A02.1G.002 Flexible Premium
Variable and Variable
Product Name: Group Annuity Application Form
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/18/2008	12/18/2008

SERFF Tracking Number: MNLF-125917306 *State:* Arkansas
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Variable and Variable
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Disposition

Disposition Date: 12/18/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MNLFF-125917306 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41062

Company Tracking Number: MNLFF-125917306

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable

Product Name: Group Annuity Application Form

Project Name/Number: 2008 Application /GP1600(1108)

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Application Use Summary		Yes
Supporting Document	Transmittal Form		Yes
Form	Group Annuity Contract Application		Yes

SERFF Tracking Number: MNLF-125917306 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41062

Company Tracking Number: MNLF-125917306

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable

Product Name: Group Annuity Application Form

Project Name/Number: 2008 Application /GP1600(1108)

Form Schedule

Lead Form Number: GP1600(AR)(1108)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GP1600(A R)(1108)	Application/ Group Annuity Enrollment Form	Contract Application	Initial		0	GP1600(AR)(1108).pdf



Group Annuity Contract Application

John Hancock Life Insurance Company (U.S.A.)

A Stock Company

Available ONLY to Plans Qualified under Section 401(a) of the Internal Revenue Code

SECTION A - APPLICANT

1. Name	Plan Name		Plan
2. Trustee's Address	The Trustees of		
	Street No. and Name		Suite No.
	City		State Zip Code

SECTION B - CONTRACT EFFECTIVE DATE

Date on which the first contribution and allocation instructions are received by John Hancock Life Insurance Company (U.S.A.) (hereafter referred to as John Hancock USA).

SECTION C - PLAN INFORMATION

1. Name of Plan Sponsor	Employer		
2. Employer's Address	Street No. and Name		Suite No.
	City		State Zip Code
3. Type of Organization Sponsoring Plan	<input type="checkbox"/> Corporation	State of Incorporation	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other
4. Type of Qualified 401(a) Plan	<input type="checkbox"/> Profit Sharing/401(k) Standard	<input type="checkbox"/> Profit Sharing/401(k) SIMPLE	<input type="checkbox"/> Profit Sharing/Safe Harbor 401(k)6
	<input type="checkbox"/> Profit Sharing (excluding 401(k))	<input type="checkbox"/> Money Purchase	<input type="checkbox"/> Other
	<input type="checkbox"/> Defined Benefit		

5. Are you using John Hancock Life Insurance Company (U.S.A.) Prototype Plan Document?

☐ No ☐ Yes - state the IRS Serial Number

Is it? ☐ Standardized ☐ Non-standardized

SECTION D - SPECIFICATIONS

1. Estimated Annual Recurring Contributions	\$
2. Estimated amount of first year external transfer contributions	\$
3. The external transfer contribution will be: (check one if applicable)	<input type="checkbox"/> Contributed in one lump sum at Contract inception
	<input type="checkbox"/> Contributed in installments
	Specify timing and amounts

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

SECTION E - AUTHORIZATION

The Trustee authorizes John Hancock USA to accept written financial and administrative direction from the persons specified below. The Trustee also authorizes John Hancock USA to provide Plan information to the persons specified below.

Print Name – First	Last	Title	Signature
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Print Name – First	Last	Title	Signature
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SECTION F - APPLICANT'S STATEMENT

I, the Trustee, apply for the ARA Group Annuity Contract and agree to accept the terms and conditions of the Contract. I understand that John Hancock USA is responsible for providing only the services set forth under this Contract. I also understand that John Hancock USA is not responsible for providing any other services in connection with the Plan and that no person or firm is authorized to act as an agent of John Hancock USA in providing such services.

I agree to furnish John Hancock USA with any Plan information or documents that John Hancock USA may require in order to provide the services set forth under the Contract and, if applicable, to determine if any investment option offered under the Plan is a Competing Investment Option. I certify that the Plan is qualified under Section 401(a) of the Internal Revenue Code, and agree to notify John Hancock USA immediately if the Plan is no longer so qualified.

Signed at

City	State
------	-------

On

Day	Month	Year
-----	-------	------

On Behalf of Contractholder by

Print Name – First	Last	Title	Signature
		Trustee	

Print Name – First	Last	Title	Signature
		Trustee	

Print Name – First	Last	Title	Signature
		Trustee	

Witness

Print Name – First	Last	Signature
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<i>SERFF Tracking Number:</i>	<i>MNLF-125917306</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>John Hancock Life Insurance Company (U.S.A.)</i>	<i>State Tracking Number:</i>	<i>41062</i>
<i>Company Tracking Number:</i>	<i>MNLF-125917306</i>		
<i>TOI:</i>	<i>A02.1G Group Annuities - Deferred Non-</i>	<i>Sub-TOI:</i>	<i>A02.1G.002 Flexible Premium</i>
	<i>Variable and Variable</i>		
<i>Product Name:</i>	<i>Group Annuity Application Form</i>		
<i>Project Name/Number:</i>	<i>2008 Application /GP1600(1108)</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MNLF-125917306 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41062
Company Tracking Number: MNLF-125917306
TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable
Product Name: Group Annuity Application Form
Project Name/Number: 2008 Application /GP1600(1108)

Supporting Document Schedules

Review Status:

Satisfied -Name: Application

11/24/2008

Comments:

Please see Form Schedule Tab for Application file submitted.

Review Status:

Satisfied -Name: Cover Letter

12/08/2008

Comments:

Attachment:

AR - Letter .pdf

Review Status:

Satisfied -Name: Application Use Summary

12/08/2008

Comments:

Attachment:

AR - Application Use Summary.pdf

Review Status:

Satisfied -Name: Transmittal Form

12/08/2008

Comments:

Attachment:

AR - Transmittal Form.pdf

John Hancock Life Insurance Company (U.S.A.)

P.O. Box 600
Buffalo, NY 14201-0600



NAIC#: 65838
AID #: 30868

State of Arkansas
Department of Insurance
Policy Form Filings
1200 West Third Street
Little Rock, AR 72201-1904

Dear Sir/Madam:

**RE: JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
Form GP1600(1108) – Group Annuity Contract Application**

We are submitting the above-mentioned forms for your approval.

- Form GP1600(0807) is similar to Form GP1600(1106) which was previously approved by your Department on June 18, 2007.

We would like to begin using these forms effective upon approval.

The form has been updated to clarify existing provisions. For your convenience, we have underlined the new wording. We certify that no other changes have been made.

THIS FORM WILL ONLY BE USED WITH OUR EXISTING APPROVED UNALLOCATED NON-PARTICIPATING GROUP ANNUITY CONTRACT SOLD ONLY TO TRUSTEES OF PROFIT SHARING AND PENSION PLANS QUALIFIED UNDER SECTION 401(a) OF THE INTERNAL REVENUE CODE.

For your information, we have attached an Application Use Summary, which lists the Application that is changing and the approved policy forms to which such Application may be attached.

These forms are being submitted to all states except New York. In addition, these forms are exempt from filing under Bulletin 97-3 in Michigan, our state of domicile.

Your consideration of this form is appreciated and we look forward to receiving the Department's approval of this submission. We will be submitting, via EFT, the amount of \$60.00 to cover your filing fee.

Sincerely,

Vanessa Ruszczyk
Compliance Analyst - Contracts
Pension Compliance - Retirement Plan Services
John Hancock Life Insurance Company (U.S.A.)
Tel: (416) 852 - 8126, Fax: (416) 852-1766
Vanessa_Ruszczyk@jhancock.com

APPLICATION USE SUMMARY - ARKANSAS

The following Application is intended for use with the forms listed below:

APPLICATION NAME

Group Annuity Contact Application

NEW FORM NUMBER

GP1600(1108)

Approved Group Annuity Form Names and Form Numbers**CONTRACT NAME**

ARA

EFFECTIVE DATE

December 31, 2007
August 6, 2007

FORM NUMBERS

GAC1000(ARA06G)
GAC1000(ARA06)(0807)

APPROVAL DATE

December 5, 2007
June 18, 2007

457

December 31, 2007
December 31, 2007

GAC1100(457G)
GAC1100(45707)

February 13, 2008
January 14, 2008

MONEY MANAGER

Effective November 1, 1996

GP2810(MM96)

September 18, 1996

OPTIMIX

Effective November 1, 1996

GP2820(OP96)

September 18, 1996

ULTRAFLEX

January 15, 2006

GAC1400(UF05)

October 31, 2005

OPTIMIX PLUS

Effective May 30, 1997

GP1832(OPPLUS97)

March 17, 1997

ULTRAFLEX PLUS

Effective July 1, 1998


GP1844(UFPLUS98)

May 18, 1998

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	John Hancock Life Insurance Company (U.S.A.) P.O. Box 600 Buffalo, N.Y. 14201-0600	Michigan	Life	904	65838	01-0233346	
4.	Contact Name & Address	Telephone #		Fax #		E-mail Address	
	Attention: Vanessa Ruszczyk John Hancock Life Insurance Company (U.S.A.) P.O. Box 600 Buffalo, N.Y. 14201-0600	(416)852-8126		(416)852-7166		vanessa_ruszczyk@jhancock.com	
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	GP1600(1108)					
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission		Previous file # _____				
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large </div> <div> <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>					
9.	Type of Insurance	A02.1G Group Annuities – Deferred Non-Variable and Variable					
10.	Product Coding Matrix Filing Code	A02.1G.002 Group Annuities Deferred Non-Variable and Variable – Flexible Premium					
11.	Submitted Documents	<div> <input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input checked="" type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other </div> <div> Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div> SUPPORTING DOCUMENTATION <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input checked="" type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div> </div>					

12.	Filing Submission Date	December 2008	
13	Filing Fee (If required)	Amount <u>60.00</u>	Check Date <u>N/A</u>
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number <u>N/A - EFT</u>
14.	Date of Domiciliary Approval	N/A – Exempt in Michigan	
15.	Filing Description:		
	GP1600(1108) – Group Annuity Contract Application		

16.	Certification (If required)
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of _____.	
Print Name	<u>Vanessa Ruszczyk</u>
Title	<u>Compliance Analyst - Contracts</u>
Signature	<u></u>
Date:	<u>December 6, 2008</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		MNLF-125917306
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Group Annuity Contract Application	GP1600(1108)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GP1600(0807)
02			<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1